

**Recipient Committee
Campaign Statement
Cover Page**
(Government Code, Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA 460

FILED		CALIFORNIA FORM
		Page <u>1</u> of <u>7</u>
		For Official Use Only
Statement covers period from <u>10/01/2008</u> through <u>10/18/2008</u>	Date of election if applicable: (Month, Day, Year) <u>OCT 23 2008</u>	
CITY OF SANTA MARIA City Clerk		
SEE INSTRUCTIONS ON REVERSE		

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- Officeholder, Candidate Controlled Committee Primarily Formed Ballot Measure Committee
 State Candidate Election Committee Controlled
 Recall Sponsored
(Also Complete Part 5)

 General Purpose Committee Amendment (Explain below)
 Sponsored Primary Formed Candidate/
 Small Contributor Committee Officeholder Committee
(Also Complete Part 7)
 Political Party/Central Committee

2. Type of Statement:

- Preelection Statement Quarterly Statement
 Semi-annual Statement Special Odd-Year Report
 Termination Statement Supplemental Preelection
(Also file a Form 410 Termination)
 Statement - Attach Form 495

3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends Of Mike Cordero

STREET ADDRESS (NO P.O. BOX) 1212 S Victory Blvd	STATE Burbank	ZIP CODE CA 91502	AREA CODE/PHONE (818) 260-0669	CITY	STATE Burbank	ZIP CODE CA 91502	AREA CODE/PHONE (818) 260-0669
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX				MAILING ADDRESS			
OPTIONAL: FAX / E-MAIL ADDRESS	OPTIONAL: FAX / E-MAIL ADDRESS						

OPTIONAL: FAX / E-MAIL ADDRESS	CITY	STATE	ZIP CODE	AREA CODE/PHONE	CITY	STATE	ZIP CODE	AREA CODE/PHONE
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4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/21/2008 Date 10/21/2008
By Kinde Durkee Signature of Treasurer or Assistant Treasurer

Executed on 10/21/2008 Date 10/21/2008
By Mike Cordero Signature of Controlling Officeholder, Candidate, State Measure Proposer or Responsible Officer or Sponsor

Executed on _____ Date _____
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proposer

Executed on _____ Date _____
By _____ Signature of Controlling Officeholder, Candidate, State Measure Proposer

**Recipient Committee
Campaign Statement
Cover Page — Part 2**

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA FORM 460

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Mike Cordero	OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member, City Of Santa Maria, District: n/a
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY 1212 S Victory Blvd	STATE ZIP CA 91502

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME _____ I.D. NUMBER _____

CONTROLLED COMMITTEE?
□ YES □ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	STATE ZIP CODE AREA CODE/PHONE
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COMMITTEE NAME _____	I.D. NUMBER _____
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CONTROLLED COMMITTEE?
□ YES □ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BOX)	STATE ZIP CODE AREA CODE/PHONE
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COMMITTEE NAME _____

Attach continuation sheets if necessary

6. Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
Identify the controlling officeholder, candidate, or state measure proponent, if any. NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT	

OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY
NAME OF OFFICEHOLDER OR CANDIDATE	
OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	
OFFICE SOUGHT OR HELD	
NAME OF OFFICEHOLDER OR CANDIDATE	
OFFICE SOUGHT OR HELD	

7. Primarily Formed Committee List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

SUPPORT □ OPPOSE

**Campaign Disclosure Statement
Summary Page**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Mike Cordero

CALIFORNIA 460	
Statement covers period from <u>10/01/2008</u>	through <u>10/18/2008</u>
Page <u>3</u> of <u>7</u>	
I.D. NUMBER <u>1307852</u>	

Contributions Received

Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)		Column B CALENDAR YEAR TOTAL TO DATE
Schedule A, Line 3	\$ <u>100.00</u>	\$ <u>12860.00</u>
Schedule B, Line 7	\$ <u>0.00</u>	\$ <u>26200.00</u>
Add Lines 1 + 2	\$ <u>100.00</u>	\$ <u>39060.00</u>
Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
Add Lines 3 + 4	\$ <u>100.00</u>	\$ <u>39060.00</u>

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$ <u>5423.69</u>	\$ <u>32229.90</u>
7. Loans Made	Schedule H, Line 7	\$ <u>0.00</u>	\$ <u>0.00</u>
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$ <u>5423.69</u>	\$ <u>32229.90</u>
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
10. Nonmonetary Adjustment	Schedule C, Line 3	\$ <u>0.00</u>	\$ <u>0.00</u>
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$ <u>5423.69</u>	\$ <u>32229.90</u>

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$ <u>12153.79</u>	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$ <u>100.00</u>	\$ <u>100.00</u>
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$ <u>0.00</u>	\$ <u>0.00</u>
15. Cash Payments	Column A, Line 8 above	\$ <u>5423.69</u>	\$ <u>5423.69</u>
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$ <u>6830.10</u>	\$ <u>6830.10</u>

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	\$ <u>0.00</u>	
18. Cash Equivalents	See instructions on reverse	\$ <u>0.00</u>	
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$ <u>26200.00</u>	

SUMMARY PAGE

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Schedule A Summary

1. Amount received this period – contributions of \$100 or more.
(Include all Schedule A subtotals.)
 2. Amount received this period – unitemized contributions of less than \$100
 3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page.)

*Contributor Codes
IND – Individual
COM – Recipient Code
(other than P)
OTH – Other
PTY – Political Party
SCC – Small Contribution

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1
Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE
NAME OF FILER
Friends Of Mike Cordero

SCHEDULE B - PART 1
CALIFORNIA FORM
460

Statement covers period
from 10/01/2008
through 10/18/2008

I.D. NUMBER
1307852

Page 5 of 7

FULL NAME, STREET ADDRESS AND ZIP CODE (IF COMMITTEE, ALSO ENTER ID. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	OUTSTANDING BALANCE BEGINNING THIS PERIOD	AMOUNT RECEIVED THIS PERIOD	AMOUNT PAID OR FORGIVEN THIS PERIOD*	OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	INTEREST PAID THIS PERIOD	ORIGINAL AMOUNT OF LOAN	CUMULATIVE CONTRIBUTIONS TO DATE
1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant Santa Maria Police Department	\$ <u>21171.18</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>21171.18</u>	<u>0.00</u> RATE \$ <u>0.00</u>	\$ <u>3128.89</u>	CALENDAR YEAR \$ 26200.00 PER ELECTION** \$26200.00 G2008
1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant Santa Maria Police Department	\$ <u>3828.82</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>3828.82</u>	<u>0.00</u> RATE \$ <u>0.00</u>	\$ <u>3828.82</u>	CALENDAR YEAR \$ 26200.00 PER ELECTION** \$26200.00 G2008
1324 Ruby Court Santa Maria CA 93454 † <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Lieutenant Santa Maria Police Department	\$ <u>1200.00</u>	\$ <u>0.00</u>	<input type="checkbox"/> PAID \$ <u>0.00</u> <input type="checkbox"/> FORGIVEN \$ <u>0.00</u>	\$ <u>1200.00</u>	<u>0.00</u> RATE \$ <u>0.00</u>	\$ <u>1200.00</u>	CALENDAR YEAR \$ 26200.00 PER ELECTION** \$26200.00 G2008
SUBTOTALS		\$ 0.00	\$ 0.00		\$ 26200.00	\$ 0.00	\$ 0.00	

Schedule B Summary

1. Loans received this period \$ 0
(Total Column (b) plus unitemized loans less than \$100.)
2. Loans paid or forgiven this period \$ 0
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)
3. Net change this period. (**Subtract Line 2 from Line 1.**) **NET \$ 0**
Enter the net here and on the Summary Page, Column A, Line 2.
(May be a negative number)

*Amounts forgiven or paid by
another party also must be
reported on Schedule A.
** If required.

(Enter (e) on
Schedule E, Line 3)

[†] Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)

PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends Of Mike Cordero

SCHEDULEE **460**

Statement covers period from <u>10/01/2008</u>		CALIFORNIA FORM 6 of 7
through <u>10/18/2008</u>		I.D. NUMBER <u>1307852</u>

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

QMP	campaign paraphernalia/misc.	MBR	member communications
QNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

NAME AND ADDRESS OF PAYEE (If committee, also enter I.D. number)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Freeman Public Affairs		
1405 Marcelina Ave #111 Torrance CA 90501	POL	2000.00
Freeman Public Affairs		
1405 Marcelina Ave #111 Torrance CA 90501	LIT	433.00
Freeman Public Affairs		
1405 Marcelina Ave #111 Torrance CA 90501	POL	2000.00
	SUBTOTAL \$	4433.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) \$ 5423.69
2. Unitemized payments made this period of under \$100 \$ 0
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) \$ 0
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) TOTAL \$ 5423.69

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SEE INSTINCTIONS ON REVERSE

NAME OF ELDER

Friends Of Mike Cordero

<p>Statement covers period from <u>10/01/2008</u> through <u>10/18/2008</u></p>	<p>CALIFORNIA FORM 460</p>	<p>Page <u>7</u> of <u>7</u></p>	<p>I.D. NUMBER <u>1307852</u></p>
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CODES:	If one of the following codes accurately describes your campaign, explain what it means.
CMP	campaign paraphernalia/misc.
CNS	campaign consultants
CTB	contribution (explain nonmonetary)*
CVC	civic donations
FIL	candidate filing/ballot fees
FND	fundraising events
IND	independent expenditure supporting/opposing others (explain)*
LEG	legal defense
LIT	campaign literature and mailings

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
				990.69
Freeman Public Affairs 1405 Marcelina Ave #111 Torrance	LIT			

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (June/01)
Tree Helpline: 866/ASK-FPPC